



0000252878

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 051281

RECEIVED
TOWN CLERK'S OFFICE

2017 DEC -5 P 4: 36

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	STROM, LINDA ---			SOUTHBOROUGH, MA	
	Place of Death	1021 MADISON PLACE, SOUTHBOROUGH, MA				
	Date of Death	NOVEMBER 12, 2017	Date of Birth	SEPTEMBER 15, 1948	Sex	FEMALE
	Residence	1021 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)	NO				
CERTIFIER	Branch of military (most recent)	---		Rank/organization/outfit(most recent)		
	Date entered(most recent)	---	Date Discharged (most recent)	---	Service Number(most recent)	
	Certifier	DAVID SOMMER, MD			Lic # 238767	
	Addr.	123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608				
	Immediate Cause of Death	CARDIAC ARREST				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	CHRISTOPHER P GOULET, SR	Lic # 50719
	Facility.	HAMEL FUNERAL CARE & CREMATION SERVICE OF MASSACHUSETTS, QUINCY, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition NOVEMBER 16, 2017
	Place/Address	BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 051281	Local Permit # E-PERMIT
	Date NOVEMBER 15, 2017	Date ---
		Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) Blue Hill Cemetery and Crematory 700 West Street, Braintree, MA 02184	Signature X
	Disposition Type Cremation	Date of Disposition NOV 17 2017

Name of Superintendent or Authorized Designee:
Gerald M. Ridge, Jr., President

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000252940

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 050937

RECEIVED
TOWN CLERK'S OFFICE

2017 NOV 30 P 12: 56

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	HALLISEY , RICHARD ALLYN			SOUTHBOROUGH, MA	
	Place of Death	10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA				
	Date of Death	NOVEMBER 13, 2017	Date of Birth	JUNE 02, 1933	Sex	MALE
	Residence	10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)					
	Branch of military (most recent)					Rank/organization/outfit(most recent)
	Date entered(most recent)		Date Discharged (most recent)		Service Number(most recent)	
CERTIFIER	Certifier	RICHARD ORINO, MD				Lic # 55285
	Addr.	604 MAIN STREET, SHREWSBURY, MASSACHUSETTS 01545				
	Immediate Cause of Death	SQUAMOUS CELL LUNG CANCER				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277	
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type	BURIAL	Date of Disposition	NOVEMBER 18, 2017
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	050937	Local Permit #	E-PERMIT
	Date	NOVEMBER 14, 2017	Date	—
			Name of Agent	—

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	RURAL CEMETERY 11 CORDAVILLE ST, SOUTHBOROUGH, MA SEC. M, BLV. 391		X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	FULL EARTH BURIAL	Nov. 18, 2017	Bridget A. Gilleri-DeLard


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

1/31/17 Bowl #56 Grave C Internment 2/1/17

 0000188140 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2017 004791	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name MERCORELLI , EDWARD PHILIP				
	Place of Death 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MA				
	Date of Death JANUARY 25, 2017		Date of Birth SEPTEMBER 25, 1952		Sex MALE
	Residence 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier JOHN G KRIKORIAN, MD Lic # 36428				
	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702				
Immediate Cause of Death METASTATIC ADENOCARCINOMA OF THE PROSTATE					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee WILLIAM R DUCKETT Lic # 50842				
	Facility. METROWEST FUNERAL & CREMATION SERVICES, WADSWORTH-CHIAPPINI, FRAMINGHAM, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition FEBRUARY 01, 2017		
	Place/Address PROSPECT HILL CEMETERY, AUBURN ROAD, MILLIS, MASSACHUSETTS 02054				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 004791		Local Permit # E-PERMIT		
	Date JANUARY 31, 2017		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Prospect Hill Cemetery Millis MA 02054		Signature X		
	Disposition Type Full Burial	Date of Disposition 2/1/17	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

64539

 0000151489 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2016 037343 RECEIVED TOWN CLERK'S OFFICE OCME CASE # 2016-10622 2017 AUG 25 A 8:29 SOUTHBOROUGH, MA	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name MERLONI, JEFFREY JAMES				
	Place of Death 12 E MAIN STREET, SOUTHBOROUGH, MA				
	Date of Death AUGUST 26, 2016		Date of Birth OCTOBER 25, 1960		Sex MALE
	Residence 12 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier ANAND B. SHAH, MD Lic # 263749				
	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02125				
	Immediate Cause of Death PENDING				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition SEPTEMBER 05, 2016		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 037343		Local Permit # 16-13		
	Date AUGUST 29, 2016		Date AUGUST 29, 2016		
CONFIRMATION	Name of Agent JAMES F. HEGARTY				
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC. F, BOX 99A		Signature X 		
Disposition Type SUBSIAL OF CREMATED REMAINS		Date of Disposition AUG. 22, 2017		Name of Superintendent or Authorized Designee: BRIDGET A. GULLY - DEPUTY	


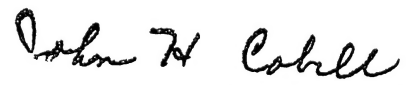
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

66851



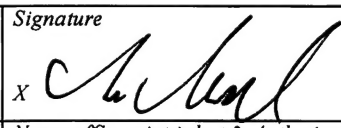
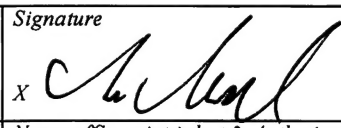
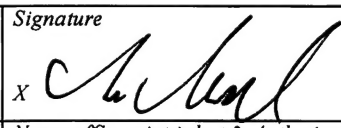
 0000228874 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2017 033809 OCME CASE # 2017-0342	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BARTON, JESSE P				
	Place of Death 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA				
	Date of Death JULY 21, 2017		Date of Birth MARCH 20, 1992		Sex MALE
	Residence 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier RICHARD J. EVANS, MD Lic # 58622 Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 Immediate Cause of Death PENDING				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JULY 28, 2017		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 033809		Local Permit # E-PERMIT		
	Date JULY 25, 2017		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility, Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605			Signature X 	
	Disposition Type cremation	Date of Disposition AUG 02 2017		Name of Superintendent or Authorized Designee: John H Cahill	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000224779 Form R-309 07012014	 Commonwealth of Massachusetts Registry of Vital Records and Statistics	<div style="display: flex; justify-content: space-between;"> <div> DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT </div> <div style="border: 1px solid black; padding: 5px;"> State File # 2017 031075 </div> </div> <div style="text-align: right; margin-top: -20px;"> RECEIVED TOWN CLERK'S OFFICE </div>				
Information necessary for the Certificate of Death has been completed for: 2017 JUL 24 A 11: 43						
DECEDENT	Decedent Name CARROLL-BALLARD , PATRICIA M SOUTHBOROUGH, MA Place of Death 50 DEERFOOT ROAD, SOUTHBOROUGH, MA Date of Death JULY 05, 2017 Date of Birth FEBRUARY 25, 1945 Sex FEMALE Residence 50 DEERFOOT ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) --- --- Date entered(most recent) Date Discharged (most recent) Service Number(most recent) --- --- ---					
CERTIFIER	Certifier MICHAEL CONSTANTINE, MD Lic # 75799 Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 Immediate Cause of Death LEIOMYOSARCOMA					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/ Designee DAVID A PICKERING Lic # 6170 Facility. WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS Disposition Type DONATION Date of Disposition JULY 06, 2017 Place/Address HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115					
Endorsements						
PERMIT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Registry of Vital Records and Statistics State Tracking # 031075 Date JULY 07, 2017 </td> <td style="width: 50%;"> Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent --- </td> </tr> </table>		Registry of Vital Records and Statistics State Tracking # 031075 Date JULY 07, 2017	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent ---		
Registry of Vital Records and Statistics State Tracking # 031075 Date JULY 07, 2017	Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent ---					
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Place of Disposition (Facility Name and Address) Harvard Medical School AGP Boston MA </td> <td style="width: 50%;"> Signature X  </td> </tr> <tr> <td> Disposition Type Donation </td> <td> Date of Disposition 7/6/17 </td> </tr> </table>		Place of Disposition (Facility Name and Address) Harvard Medical School AGP Boston MA	Signature X 	Disposition Type Donation	Date of Disposition 7/6/17
Place of Disposition (Facility Name and Address) Harvard Medical School AGP Boston MA	Signature X 					
Disposition Type Donation	Date of Disposition 7/6/17					


Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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 0000204262 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2017 016179	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BETTINELLI , MARY ELLEN Place of Death 179 CORDAVILLE ROAD, SOUTHBOROUGH, MA Date of Death MARCH 31, 2017 Date of Birth SEPTEMBER 15, 1949 Sex FEMALE Residence 179 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Certifier STEPHEN BUCHANAN, MD Lic # 216529 Addr. 761 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701				
	Immediate Cause of Death END STAGE RENAL DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition APRIL 06, 2017 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
	Endorsements				
	Registry of Vital Records and Statistics State Tracking # 016179 Date APRIL 04, 2017		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605			Signature X John H. Cobill	
	Disposition Type _____ Date of Disposition APR 07 2017			Name of Superintendent or Authorized Designee: John H. Cobill	

Acceptance of Permit **Cremation**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000193816

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 007932

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name DIPASQUALE , ANGELINE M	
	Place of Death 11 WILDWOOD DRIVE, SOUTHBOROUGH, MA	
	Date of Death FEBRUARY 14, 2017	Date of Birth NOVEMBER 19, 1927 Sex FEMALE
	Residence 11 WILDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772	
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO	
	Branch of military (most recent) ---	Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) Service Number(most recent) ---
	Certifier MATHEW BEAN, MD Lic # 224284	
DISPOSITION	Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772	
	Immediate Cause of Death CONGESTIVE HEART FAILURE	
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:	
DISPOSITION	Funeral Licensee/ Designee SHANNON M. HENRY Lic # 6234	
	Facility. BRITTON FUNERAL HOMES INC, SHREWSBURY, MASSACHUSETTS	
	Disposition Type BURIAL	Date of Disposition FEBRUARY 18, 2017
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 007932	Local Permit # E-PERMIT
	Date FEBRUARY 16, 2017	Date --- Name of Agent ---
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) RURAL CEMETERY, 11 CORDAVILLE RD., SOUTHBOROUGH, MA 01772 SEC. 3, LOT 44A, GRV #1	Signature X [Signature]
	Disposition Type ATL CEMETERY BURIAL	Date of Disposition FEBRUARY 18, 2017
	Name of Superintendent or Authorized Designee: BRIDGET H. GILLERAY - DELEUZO	

Acceptance of Permit

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0000192150

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 007063

RECEIVED
TOWN CLERK'S OFFICE

2017 FEB 16 P 2:16

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name CHARBONNIER, ALDONA B.		
	Place of Death DAUGHTER'S HOME, SOUTHBOROUGH, MA		
	Date of Death FEBRUARY 10, 2017	Date of Birth MARCH 11, 1913	Sex FEMALE
	Residence 37 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____		
	Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____		
	Certifier SHELLEY KRAMER, MD Lic # 57223		
	Addr. 112 TURNPIKE ROAD, WESTBOROUGH, MASSACHUSETTS 01581		
	Immediate Cause of Death ACUTE CORONARY THROMBOSIS		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277		
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL Date of Disposition FEBRUARY 14, 2017		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 007063		Local Permit # E-PERMIT
	Date FEBRUARY 13, 2017		Date _____ Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) RURAL CEMETERY, SOUTHBOROUGH, MA 01772 11 CORDAVILLE RD, SOUTHBOROUGH, MA 01772 SPEC. 1-C, LOT 12, GRAVE 2		Signature X
	Disposition Type FULL EARTH BURIAL	Date of Disposition FEB 14, 2017	Name of Superintendent or Authorized Designee: BRIDGET H. GUILLEVY-DECEZO

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

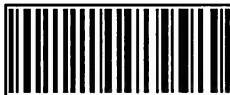
 0000188140 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2017 004791	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name MERCORELLI , EDWARD PHILIP				
	Place of Death 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MA				
	Date of Death JANUARY 25, 2017		Date of Birth SEPTEMBER 25, 1952		Sex MALE
	Residence 22 BREAKNECK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged(most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier JOHN G KRIKORIAN, MD				Lic # 36428
	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death METASTATIC ADENOCARCINOMA OF THE PROSTATE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee WILLIAM R DUCKETT				Lic # 50842
	Facility. METROWEST FUNERAL & CREMATION SERVICES, WADSWORTH-CHIAPPINI, FRAMINGHAM, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition FEBRUARY 01, 2017		
	Place/Address PROSPECT HILL CEMETERY, AUBURN ROAD, MILLIS, MASSACHUSETTS 02054				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 004791		Local Permit # 17-1		
	Date JANUARY 31, 2017		Date JANUARY 31, 2017 Name of Agent JAMES F. HEGARTY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000192150

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 007063

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name CHARBONNIER , ALDONA B.		
	Place of Death DAUGHTER'S HOME, SOUTHBOROUGH, MA		
	Date of Death FEBRUARY 10, 2017	Date of Birth MARCH 11, 1913	Sex FEMALE
	Residence 37 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____ Date Discharged(most recent) _____ Service Number(most recent) _____		
	Certifier SHELLEY KRAMER, MD Lic # 57223		
	Addr. 112 TURNPIKE ROAD, WESTBOROUGH, MASSACHUSETTS 01581		
CERTIFIER	Immediate Cause of Death ACUTE CORONARY THROMBOSIS		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL Date of Disposition FEBRUARY 14, 2017		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 007063		Local Permit # 17-2
	Date FEBRUARY 13, 2017		Date FEBRUARY 14, 2017
		Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000193816

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 007932

Information necessary for the Certificate of Death has been completed for:

DECEDENT	<i>Decedent Name</i> DIPASQUALE , ANGELINE M
	<i>Place of Death</i> 11 WILDWOOD DRIVE, SOUTHBOROUGH, MA
	<i>Date of Death</i> FEBRUARY 14, 2017 <i>Date of Birth</i> NOVEMBER 19, 1927 <i>Sex</i> FEMALE
	<i>Residence</i> 11 WILDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772
CERTIFIER	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO
	<i>Branch of military (most recent)</i> --- <i>Rank/organization/outfit(most recent)</i> ---
	<i>Date entered(most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number(most recent)</i> ---
	<i>Certifier</i> MATHEW BEAN, MD <i>Lic #</i> 224284
	<i>Addr.</i> 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772
	<i>Immediate Cause of Death</i> CONGESTIVE HEART FAILURE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	<i>Funeral Licensee/ Designee</i> SHANNON M. HENRY <i>Lic #</i> 6234
	<i>Facility.</i> BRITTON FUNERAL HOMES INC, SHREWSBURY, MASSACHUSETTS
	<i>Disposition Type</i> BURIAL <i>Date of Disposition</i> FEBRUARY 18, 2017
	<i>Place/Address</i> RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	<i>State Tracking #</i> 007932	<i>Local Permit #</i> 17-3
	<i>Date</i> FEBRUARY 16, 2017	<i>Date</i> FEBRUARY 17, 2017
		<i>Name of Agent</i> JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>
			X
	<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000194928

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 008838

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name HEFFERNAN , PAUL MYLES		
	Place of Death 13 HARRIS DRIVE, SOUTHBOROUGH, MA		
	Date of Death FEBRUARY 20, 2017	Date of Birth JULY 01, 1931	Sex MALE
	Residence 13 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) KOREA		
CERTIFIER	Branch of military (most recent) ARMY		Rank/organization/outfit(most recent) SGT
	Date entered(most recent) FEBRUARY 25, 1952	Date Discharged(most recent) NOVEMBER 14, 1954	Service Number(most recent) 11 248 767
	Certifier ZACHARY SPIGELMAN, MD		Lic # 55820
	Addr. 99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death METASTATIC LUNG CARCINOMA		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition FEBRUARY 25, 2017	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 008838	Local Permit # 17-4	
	Date FEBRUARY 22, 2017	Date FEBRUARY 22, 2017	
		Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000194928

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 008838

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name HEFFERNAN , PAUL MYLES		
	Place of Death 13 HARRIS DRIVE, SOUTHBOROUGH, MA		
	Date of Death FEBRUARY 20, 2017	Date of Birth JULY 01, 1931	Sex MALE
	Residence 13 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) KOREA		
CERTIFIER	Branch of military (most recent) ARMY		Rank/organization/outfit (most recent) SGT
	Date entered (most recent) FEBRUARY 25, 1952	Date Discharged (most recent) NOVEMBER 14, 1954	Service Number (most recent) 11 248 767
	Certifier ZACHARY SPIGELMAN, MD		Lic # 55820
	Addr. 99 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death METASTATIC LUNG CARCINOMA		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL		Date of Disposition FEBRUARY 25, 2017
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 008838		Local Permit # E-PERMIT
	Date FEBRUARY 22, 2017		Date — Name of Agent —
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD., SOUTHBOROUGH, MA Sec. 7th, Lot 328		Signature [Signature]
	Disposition Type FULL EARTH BURIAL	Date of Disposition FEBRUARY 25, 2017	Name of Superintendent or Authorized Designee: [Signature]

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000197489 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2017 010988	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name DA SILVEIRA , TELMA FERREIRA				
	Place of Death 611 MADISON PLACE, SOUTHBOROUGH, MA				
	Date of Death MARCH 02, 2017		Date of Birth MAY 04, 1952		Sex FEMALE
	Residence 611 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier ANITA NARTEY, MD Lic # 230268 Addr. 260 COCHITUATE ROAD, FRAMINGHAM, MASSACHUSETTS 01701				
	Immediate Cause of Death RESPIRATORY FAILURE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee RICHARD D. COLLINS Lic # 6312				
	Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS				
	Disposition Type REMOVAL FROM STATE		Date of Disposition MARCH 08, 2017		
	Place/Address MEMORIAL PARQUE CEMITERIO JARDIM, GOVERNADOR VALADARES, BRAZIL 35040-000				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 010988		Local Permit # 17-5		
	Date MARCH 06, 2017		Date MARCH 06, 2017 Name of Agent JAMES F. HEGARTY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000204262

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 016179

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name BETTINELLI , MARY ELLEN
	Place of Death 179 CORDAVILLE ROAD, SOUTHBOROUGH, MA
	Date of Death MARCH 31, 2017 Date of Birth SEPTEMBER 15, 1949 Sex FEMALE
	Residence 179 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772
	If U.S. veteran, specify war/conflict(s) (most recent) NO
	Branch of military (most recent) Rank/organization/outfit (most recent)
	--- ---
	Date entered (most recent) Date Discharged (most recent) Service Number (most recent)
	--- --- ---
CERTIFIER	Certifier STEPHEN BUCHANAN, MD Lic # 216529
	Addr. 761 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701
	Immediate Cause of Death END STAGE RENAL DISEASE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS
	Disposition Type CREMATION Date of Disposition APRIL 06, 2017
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 016179	Local Permit # 17-6
	Date APRIL 04, 2017	Date APRIL 04, 2017
		Name of Agent JAMES F. HEGARTY

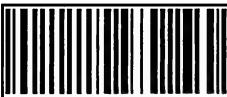

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000205147 Form R-309 07012014	 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT	State File # 2017 016398				
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Decedent Name GIBLIN , KEVIN --- Place of Death 7 DEERFOOT ROAD, SOUTHBOROUGH, MA Date of Death APRIL 03, 2017 Date of Birth NOVEMBER 08, 1950 Sex MALE Residence 7 DEERFOOT ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Branch of military (most recent) Rank/organization/outfit (most recent) MARINE CORPS LCPL COE, 2DBN, 8THMAR, 2DMARDIV, FMF, CLNC Date entered (most recent) Date Discharged (most recent) Service Number (most recent) OCTOBER 30, 1970 SEPTEMBER 01, 1972 2676022					
CERTIFIER	Certifier DAVID RYAN, MD Lic # 150748 Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02117 Immediate Cause of Death PANCREATIC CANCER					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/ Designee THOMAS H HAYS, III Lic # 6284 Facility HAYS FUNERAL HOME, INC., NORTHBOROUGH, MASSACHUSETTS Disposition Type BURIAL Date of Disposition APRIL 07, 2017 Place/Address HOWARD STREET CEMETERY, HOWARD STREET, NORTHBOROUGH, MASSACHUSETTS 01532					
Endorsements						
PERMIT	Registry of Vital Records and Statistics State Tracking # 016398 Date APRIL 05, 2017	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 17-7 Date APRIL 06, 2017 Name of Agent JAMES F. HEGARTY				
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Place of Disposition (Facility Name and Address) </td> <td style="width: 50%; vertical-align: top;"> Signature <div style="text-align: center;">X</div> </td> </tr> <tr> <td style="vertical-align: top;"> Disposition Type </td> <td style="vertical-align: top;"> Date of Disposition </td> </tr> </table>		Place of Disposition (Facility Name and Address)	Signature <div style="text-align: center;">X</div>	Disposition Type	Date of Disposition
Place of Disposition (Facility Name and Address)	Signature <div style="text-align: center;">X</div>					
Disposition Type	Date of Disposition					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000228874

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 033809

OCME CASE # 2017-9342

Information necessary for the Certificate of Death has been completed for:

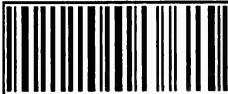
DECEDENT	Decedent Name BARTON , JESSE P		
	Place of Death 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA		
	Date of Death JULY 21, 2017	Date of Birth MARCH 20, 1992	Sex MALE
	Residence 16 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier RICHARD J. EVANS, MD Lic # 58622		
	Addr 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
	Immediate Cause of Death PENDING		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION Date of Disposition JULY 28, 2017		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 033809		Local Permit # 17-9
	Date JULY 25, 2017		Date JULY 25, 2017 Name of Agent JAMES F. HEGARTY
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000252878

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 051281

Information necessary for the Certificate of Death has been completed for:

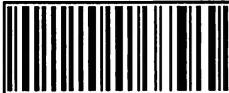
DECEDENT	Decedent Name STROM, LINDA ---		
	Place of Death 1021 MADISON PLACE, SOUTHBOROUGH, MA		
	Date of Death NOVEMBER 12, 2017	Date of Birth SEPTEMBER 15, 1948	Sex FEMALE
	Residence 1021 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---
	Date entered (most recent) ---	Date Discharged (most recent) ---	Service Number (most recent) ---
	Certifier DAVID SOMMER, MD Lic # 238767		
	Addr. 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608		
CERTIFIER	Immediate Cause of Death CARDIAC ARREST		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee CHRISTOPHER P GOULET, SR Lic # 50719		
	Facility HAMEL FUNERAL CARE & CREMATION SERVICE OF MASSACHUSETTS, QUINCY, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition NOVEMBER 16, 2017
	Place/Address BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 051281	Local Permit # 17-10	
	Date NOVEMBER 15, 2017	Date NOVEMBER 16, 2017	
		Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000252940

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 050937

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name HALLISEY , RICHARD ALLYN		
	Place of Death 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA		
	Date of Death NOVEMBER 13, 2017	Date of Birth JUNE 02, 1933	Sex MALE
	Residence 10 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) ---		
CERTIFIER	Branch of military (most recent) ---		
	Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier RICHARD ORINO, MD Lic # 55285		
	Addr. 604 MAIN STREET, SHREWSBURY, MASSACHUSETTS 01545		
DISPOSITION	Immediate Cause of Death SQUAMOUS CELL LUNG CANCER		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL Date of Disposition NOVEMBER 18, 2017		
PERMIT	Place/Address RURAL CEMETERY, 11 CORDAVILLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 050937	Local Permit # 17-11	
	Date NOVEMBER 14, 2017	Date NOVEMBER 17, 2017	
CONFIRMATION	Name of Agent JAMES F. HEGARTY		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000261113

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2017 056997

OCME CASE # 2017-16225

RECEIVED
TOWN CLERK'S OFFICE

2017 DEC 20 P 2:40

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	LUCE, JOSEPH B		
	Place of Death	E MAIN STREET, 1, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 19, 2017	Date of Birth	JANUARY 28, 1962
	Sex	MALE		
	Residence	26 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit (most recent)	
	---		---	
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	

CERTIFIER	Certifier	IRINI A. SCORDI-BELLO, MD		
	Addr.	720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118		
	Immediate Cause of Death	ARTERIOSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH
	State Tracking #	056997	Local Permit #
	Date	DECEMBER 20, 2017	Date
			Name of Agent
			JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
		X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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 0000261113 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2017 056997 RECEIVED TOWN CLERK'S OFFICE OCME CASE # 2017-16225 2018 JAN -2 P 3:43 SOUTHBOROUGH, MA	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name LUCE, JOSEPH B				
	Place of Death E MAIN STREET, 1, SOUTHBOROUGH, MA				
	Date of Death DECEMBER 19, 2017		Date of Birth JANUARY 28, 1962		Sex MALE
	Residence 26 E MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier IRINI A. SCORDI-BELLO, MD Lic # 269344				
	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118				
	Immediate Cause of Death ARTERIOSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition DECEMBER 21, 2017		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 056997		Local Permit # E-PERMIT		
	Date DECEMBER 20, 2017		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605			Signature X John H Cobelli	
	Disposition Type Cremation	Date of Disposition DEC 21 2017	Name of Superintendent or Authorized Designee: John H Cobelli		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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0000305235

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 029312

RECEIVED
TOWN CLERK'S OFFICE

2018 JUN 26 A 8:24

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name QI, XIANGQIAN ---		
	Place of Death 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA		
	Date of Death JUNE 22, 2018	Date of Birth NOVEMBER 23, 1947	Sex MALE
	Residence 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
CERTIFIER	Certifier ASHRAF ELKERM, MD		Lic # 81917
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453		
	Immediate Cause of Death METASTATIC SQUAMOUS CELL LUNG CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee RICHARD D. COLLINS		Lic # 6312
	Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION	Date of Disposition JUNE 26, 2018	
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		

Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 029312	Local Permit # 18-6		
	Date JUNE 25, 2018	Date JUNE 26, 2018		
		Name of Agent JAMES F. HEGARTY		

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

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